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STATEMENT OF **ORGANIZATION**

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(Revised 02/2009)

2014 FEB 10 AM 9:50 FORM 1 Office User Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Barbara Mulvaney for Congress ADDRESS (number and street) (Check if address is changed) San Marino CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıbarbara@barbaramulyaneyforcongress.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.barbaramulyaneyforcongress.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jana Mulvaney Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

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